This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4/12/07 Case #: 52-4494/ County: 548-09	Address:	11000 Bux of 5 4x 6000 5- Part 14
County: Therey		47272
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Seizure Location (c Residence Outbuilding Lehicle	[flotel/Motei
Items Found: Location (bedroom, kitchen, open air (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Common Cylin Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):	NOCC.	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	☐ Liphedrin ☐ Retail/M	e <u>Information</u> c/Pseudoophedrine Tracking Log erchant Tip Pkapeury Onwa
This report is to be faxed to the following age	ncies that serve the le	ocation:
Fire Department: 5- Par VFO	Fax: <u>(8/2</u>	2663-8125 23982961
Health Department: Steeny Co		
Child Protection Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone 812 679-5000 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department		

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.